Approved for use through 05/30/2010, OMB 9551-0322 U.S. Pasert and Tri-familiar Office; U.S. DEPARTMENT OF COMMERCE Under the Pagerwork Reduction Act of 1995, no persons are required to respect to a collection of information unless it declays a void OMS control manufac-

Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Crossolidated Appropriations Act, 2005 (H.R. 4816)				Application Nurr	ber 10	996,098 v	Conf. No.: 4372	
FEE TRANSMITTAL				Filing Date	ja	nuary 4, 2007		
For FY 2009				First Named Inv	entor Ta	Takayıkı FUKUMATSU		
				Examiner Name	D.	D. GARRETT		
Applicant cisims small entity status. See 37 CFR 1.27				Art Unit	17	94		
TOTAL AMOUNT OF PAYMENT (\$) 130,00				Attorney Docket	No. 17	52-0186PUS1	)	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Capacit Account Number 02-2448 Deposit Account Name								
For the atome-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below								
Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Charge and 1.7  WARNING: Information on this form may become public. Credit card information as the undertaint on or PCA203.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Eee.(\$)	nall Entity Fee (\$)	Fen (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110	0.00	
Design	220	110	100	50	140	70	0,00	
Plant	220	110	330	165	170	85	0.00	
Reissue	330	165	540	270	650	325	0.00	
Provisional	220	110	0	0	0	0	0.00	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (5) Fee (5)								
Each claim over 20 (including Reissucs) 52							26	
Each independent claim over 3 (including Reissues)						226	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  -20 or HP = 0 x = 0.00						Fee (\$)	ependent Claims Fee Paid (\$)	
HP = highest number of total cis			***************************************			LEMINI	0.00	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
-3 or PIP · 0 x = 0.00  169 ** highest number of independent claims paid tos, if greater then 3.								
APPLICATION SIZE FEE     If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(s).  Tetal Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = 0								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (5)  0.00								
Other (e.g., late filing sorcharge): Extension of Time - one month 130.00								
SUBMITTED BY GATTA M. UAHLEN								
USPIO #43 576 Paristration No.								

CAN THE SAL Telephone 703-205-8000 Name (Pnnt/Type) Gereld M, Murphy, Jr. Date / High This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a henefit by the public which is to file (and by the

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 12 and 37 CPR 1.4. This softening is estimated to take 30 minutes to companie, instading gathering, preceding, and submitting the completed application form to the USPTO. Time will vary depending soon we individual case. Any comments on the amount of time you require to complete this form and/or suggestions for radiusing this harden, should be sent to the Dilef information Officer, U.S. Patient and Trademark Officer (L.S. Department of Commerce, P.C. Box 1450, Alexandria, VA 22313-1459, DC NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1459.